Form B10 (Official	Form 10)(04/05)		
Uni	ited States Bankruptcy Court	PROOF OF CLAIM	Proceedings in
	outhern District of Illinois		Chapter
	outhern District of Infinois		
Name of Debtor		Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of			
	the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor (The person or other entity to whom the debtor owes money		
or property):	ne person or other entity to whom the debtor owes money	☐ Check box if you are aware that	
or property).		anyone else has filed a proof of	
		claim relating to your claim. Attach	
Name and address w	here notices should be sent:	copy of statement giving particulars.  ☐ Check box if you have never	
		received any notices from the	
		bankruptcy court in this case.	
		☐ Check box if the address differs	
		from the address on the envelope sent to you by the court.	THIS SPACE IS FOR
Telephone number:		sent to you by the court.	COURT USE ONLY
Account or other nur	mber by which creditor identifies debtor:		
		Check here if this claim replaces	eviously filed claim, dated:
		in amends a pre	eviously filed claim, dated
1. Basis for Claim			
			11 11 0 0 8 1114/
☐ Goods sold ☐ Services pe		<ul><li>☐ Retiree benefits as defined in</li><li>☐ Wages, salaries, and compen</li></ul>	
☐ Money loa		Last four digits of SS #:	
	ijury/wrongful death	Unpaid compensation for ser	vices performed
☐ Taxes ☐ Other		from(date)	to (date)
			(date)
2. Date debt was in	curred:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ (unsecured) (secured) (priority) (Total)  If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. A copy of the itemized statement of all interest			
	rges must be provided to debtor's attorney and trustee.		
<ul> <li>5. Secured Claim</li> <li>Check this box if your claim is secured by collateral(including a right of setoff).</li> </ul>		7. Unsecured Priority Claim  Check this box if you have an unsecured priority claim	
setori).		Amount entitled to priority \$	
Brief Description		Specify the priority of the claim:	
<ul><li>□ Real Estate</li><li>□ Other</li></ul>	☐ Motor Vehicle	☐ Wages, salaries, or commissions (up to \$10,000), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	
		business, whichever is earlier - 11	
W. 1. (C. 11)		Contributions to an employee bene	
Value of Collate	ral: \$	☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).	
Amount of arrear	rage and other charges at time case filed included in	☐ Alimony, maintenance, or support	
	any: \$	child - 11 U.S.C. § 507(a)(7).	•
6 Umas arms d Name	wiswiter Claims ©	Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	
6. Unsecured Nonpriority Claim \$		☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to	
b) your claim ex	if: a)there is no collateral or lien securing your claim, or acceds the value of the property securing it, or if c) none or r claim is entitled to priority.	cases commenced on or after the date o	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: A Summary of Exhibits shall be prepared that enumerates germane to the matter under consideration. The proof of claim and Summary of Exhib electronically as a single document. A copy of the claim and exhibits (documentation still be provided to debtor's attorney and trustee.		Exhibits shall be filed together	U.S. BANKRUPTCY COURT 750 MISSOURI AVE. EAST ST. LOUIS , IL 62201-2988
Data	Sign and print the name and title, if any, of the creditor or	other person authorized to file this elsi-	
Date	(attach copy of power of attorney, if any):	omer person aumorized to the this claim	
	<del>-</del> - */		

## IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS

IN RE:	In Proceedings Under Chapter			
Debtor(s)	Case No.			
SUMMARY OF EXHIBIT(S)				
The following exhibit(s) pertaining to the				
filed by is(are) available upon request. to any scheduled Court hearing on this matter.	Movant will bring exhibit(s)			
CERTIFICATE OF SERVICE				
The undersigned hereby certifies that a true and accurate copy of all exhibit(seposited in the United States mail, first class, postage prepaid, on addressed to the following:	s) listed above were			